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2022 (33) 30 Fillo: 18

8/31/2022

## CT CORP

# 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

**Date:** 08/30/2022

D	ate:	08/30/2022	- 4: (DW
		Acc#I2016000007	2
Name:	Health Po	int ACO , LLC	
Document #:			
Order #:	14515864		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of  Apostille/Notarial Certification:		Country of Destination: Number of Certs:	
Filing: 🗸	Certifie Plain: COGS:	ed: 🗸	
Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#	Amour	nt:\$ 55.00	

Thank you!

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 AU 30 AM 10: 18

HEALTH POINT ACO, LLC		14 10: 18
(Name of the Limited L. (A F	iability Company as it now appears on our re lorida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liabil Florida document number 1.13000072300	ity Company were filed on05/17/2013	and assigned
This amendment is submitted to amend the followir	มล์:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation	"L1.C" or the abbreviation "L1.C."
Enter new principal offices address, if applicable		
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
B. If amending the registered agent and/or regis agent and/or the new registered office address he	_	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
_	City	Florida Zip Code

#### New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	HEALTH POINT PARTNERS, LLC	3030 N. ROCKY POINT DR.	<u> </u>
		SUITE \$25	□Remove
		Tampa, FL 33607	□Change
MGR	Prakash Patel	3030 N. ROCKY POINT DR.	
		SUITE 825	7
		Tampa, FL 33607	□Change
MGR	John DiGiovanni	3030 N. ROCKY POINT DR.	□Add
		SUITE 825	■Remove
		Tampa, FL 33607	□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change

"The Limited Liability Company	shall be a member-manag	ged limited liability con	npany."	
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ffective date, if other than the data an effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Depa	specific and cannot be prior t does not meet the applica	o date of filing or more tha	(optional) in 90 days after filing.) Pursuant tirements, this date will not	t to 605.0207 be listed as
record specifies a delayed effective da is filed.	ite, but not an effective tir	ne, at 12:01 a.m. on the	earlier of: (b) The 90th da	ay after the
ated August 29	2022			
/s/ Thomas Whytas	mature of a member or autho			

Filing Fee: \$25.00